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MESSAGE:

Re: U.S. Patent Application No. 10/091,360
 Filing Date: March 4, 2002
 First Named Inventor: Tsipouras
 Attorney Docket Number: IK-110.3(C)

Enclosed please find a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

Thelma A. Chen Cleland
 Thelma A. Chen Cleland, Reg. 40,948

FROM Thelma A. Chen Cleland
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STATEMENT UNDER 37 CFR 3.73(b)RECEIVED
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Applicant/Patent Owner: Petros TSIPOURAS

Application No./Patent No.: 10/091,360 Filed/Issue Date: March 4, 2002

Entitled: Method and System for Computer Controlled Rare Cell, Including Fetal Cell, Based Diagnosis

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IKONYSIS, INC. a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
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in the patent application/patent identified above by virtue of either:

A An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010686, Frame 0332, or for which a copy thereof is attached.

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 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3. If the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Petros Tsiopoulos12/1/2005

Signature

Date

Petros TSIPOURAS(203) 776-0781 ext. 222

Printed or Typed Name

Telephone Number

Chairman and CEO

Title

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/091,360
Filing Date	March 4, 2002
First Named Inventor	TSIPOURAS
Art Unit	1631
Examiner Name	CLOW, Lori A.
Attorney Docket Number	IK-110.3(C)

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 47670 Please change the correspondence address for the above-identified application to: The address associated with Customer Number:47670

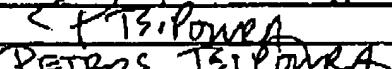
OR

<input checked="" type="checkbox"/> Firm or Individual Name	KELLEY DRYE & WARREN LLP			
Address	TWO STAMFORD PLAZA 281 TRESSER BOULEVARD			
City	STAMFORD	State	CT	Zip
Country	US			
Telephone	203-324-1400	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	PETROS TSIPOURAS		
Date	17/6/2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

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